

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P06000026986

1. Entity Name
CHIPS & BITS, INC.



FILED

09 DEC -1 AM 9:53

CLANASSEE, FLORIDA

Principal Place of Business
600 CROSSWINDS DR A2
GREENACRES, FL 33413

Mailing Address
600 CROSSWINDS DR A2
GREENACRES, FL 33413

2. Principal Place of Business - No P.O. Box #

3. Mailing Address



10072008 REIN-P CR2E098 (1/07)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

14-1951803

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CASTRO, ENRIQUE
600 CROSSWINDS DR A2
GREENACRES, FL 33413

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!! FEE IS \$150.00
After January 1, 2009, Fee will be \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME CASTRO, ENRIQUE
STREET ADDRESS 600 CROSSWINDS DR A2
CITY-ST-ZIP GREENACRES, FL 33413

TITLE ☐ Change ☐ Addition
NAME 200138344682
STREET ADDRESS 12/01/08--01065--014 **158.75
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ROJAS, LUZ
STREET ADDRESS 800 CROSSWINDS DR A2
CITY-ST-ZIP GREENACRES, FL 33413

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Enrique Castro

ENRIQUE CASTRO

11/21/2008

(561) 573-8822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #